Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 characters/inch).

For Approved. OMB No. 2040-0086. Approval expires 5-31-92

FORM 1 GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

S		T/A	C
F	VA0006513		D
1	2 — 13	14	15

LABEL ITEMS

- I. EPA I.D. NUMBER
- III. FACILITY NAME
- V. FACILITY MAILING LIST
- VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been proved. Refer to the instructions for detailed item descriptions and for the legal authorization under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental from listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms**.

SPECIFIC QUESTIONS	MARK "X" YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge to waters of the U.S.?** (FORM 2A)	☐ 16	☒ 17	☐ 18
B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge to waters of the U.S.?** (FORM 2B)	☐ 19	☒ 20	☐ 21
C. Is this facility which currently results in **discharges to waters of the U.S.** other than those described in A or B above? (FORM 2C)	☒ 22	☐ 23	☒ 24
D. Is this proposal facility *(other than those described in A or B above)* which will result in a **discharge to waters of the U.S.?** (FORM 2D)	☐ 25	☒ 26	☐ 27
E. Does or will this facility treat, store, or dispose of **hazardous wastes?** (FORM 3)	☐ 28	☒ 29	☐ 30
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	☐ 31	☒ 32	☐ 33
G. Do you or will you inject at this facility any produced water other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	☐ 34	☒ 35	☐ 36
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfer by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	☐ 37	☒ 38	☐ 39
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	☐ 40	☒ 41	☐ 42
J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment are? (FORM 5)	☐ 43	☒ 44	☐ 45

III. NAME OF FACILITY

C 1 | SKIP (15, 16-29) | *Town of Gretna Water Treatment Plant* (30 — 69)

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
C 2 — *Lilly, David, Town Manager* (15, 16 — 45)	*434* (46 48) *656* (49 51) *6572* (52 55)

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

C 3 — *P.O. Box 602* (15, 16 — 45)

B. CITY OR TOWN	C. STATE	D. ZIP CODE
C 4 — *Gretna* (15, 16 — 40)	*VA* (41 42)	*24557* (47 51)

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

C 5 — *184 Nalls Street* (15, 16 — 45)

B. COUNTY NAME

Pittsylvania (46 — 70)

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE
C 6 — *Gretna* (15, 16 — 40)	*VA* (41 42)	*24557* (47 51)	(52 54)

CONTINUED ON REVERSE

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST		B. SECOND	
C 7 — 4941	(specify) **Public Water Treatment Plant**	7	(specify)
C. THIRD		**D. FOURTH**	
C 7	(specify)	7	(specify)

VIII. OPERATOR INFORMATION

A. NAME: C 8 — *Town of Gretna Water Treatment Plant*

B. Is the name listed in Item VIII-A also the owner? ☒ YES ☐ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other," specify.)
F = FEDERAL, S = STATE, P = PRIVATE, M = PUBLIC (other than federal or state), O = OTHER (specify)
M (specify)

D. PHONE (area code & no.): C A — **434** **656** **6572**

E. STREET OR PO BOX: *P.O. Box 602*

F. CITY OR TOWN	G. STATE	H. ZIP CODE
C B — Gretna	VA	24557

IX. INDIAN LAND

Is the facility located on Indian lands? ☐ YES ☒ NO

X. EXISTING ENVIRONMENTAL PERMITS

Permit	C	T	I	Number	Permit	C	T	8	Number	
A. NPDES (Discharges to Surface Water)	9	N		VA0006513	D. PSD (Air Emissions from Proposed Sources)	9	P			
B. UIC (Underground Injection of Fluids	9	U			E. OTHER (specify)	9				(Specify)
C. RCRA (Hazardous Wastes)	9	R			E. OTHER (specify)	9				(Specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Production of potable water for public consumption to meet the needs of the residents of Gretna, Virginia.

	Date	Initials
Received in CEDS	NA	[illegible]
To Permit Writer	4/6/09	[illegible]
Reviewed & [illegible]		
Complete [illegible]		
Forwarded [illegible]		
Filed		

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
David Lilly, Town Manager	[signature]	4-2-[illegible]

COMMENTS FOR OFFICIAL USE ONLY

C C